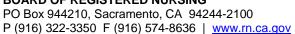


BOARD OF REGISTERED NURSING





___, authorize

CONFIDENTIAL RELEASE FORM

NAME OF THE PERSON OR ENTITY, ADDRESS AND PHONE NUMBER OF WHERE YOUR INFORMATION IS KEPT AND TO WHOM YOU ARE ALLOWING A BOARD REPRESENTATIVE TO SPEAK TO.	
my compliance with all federal, state and local law Nursing, including my employment, drug and or alc	or otherwise, and to answer any questions pertaining to s, and rules and regulations of the Board of Registered ohol rehabilitation, physical and or mental health status, am Monitor, Probation Program staff, and or designated be sent to or directed to:
Board of Registered Nursing Attn: Probation Unit	
PO Box 944210	
Sacramento, CA 94244-2100	. G 60 D.
(916) 574-7621 or (916) 574-7765, Probation Support Staff Phone (916) 574-8636, Probation Fax	
	Jort Staff I florie
(916) 574-8636, Probation Fax This authorization shall be valid immediately an probation term with the Board, or after I am ter successful petition outcome, or after my register.	d shall expire only after I successfully complete my minated from the Probation Program early due to a tered nursing license is revoked by the Board or
(916) 574-8636, Probation Fax This authorization shall be valid immediately an probation term with the Board, or after I am ter successful petition outcome, or after my register.	d shall expire only after I successfully complete my minated from the Probation Program early due to a
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RN MUST be provided and attached.